

*Integrated Performance
Monitoring Report
Sustainability Report
Performance Period April 2005-June 2005*

July 2005

STATE OF HAWAII
Department of Education
Department of Health
Child and Adolescent Mental Health Division
Early Intervention Section

Integrated Performance Monitoring Report

Department of Education

Department of Health

April 2005-June 2005

Introduction

This quarterly performance report reflects the continued commitment of the Departments of Health and Education to provide a comprehensive system of educational, behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. This Integrated Performance Monitoring Report, produced quarterly, provides information to all stakeholders regarding the maintenance of the critical infrastructure and level of system performance.

On May 31, 2005, the State of Hawaii was deemed in compliance with Felix Consent Decree marking the end of nearly eleven years of federal court oversight for services for emotionally disabled students. As the State of Hawaii's obligation to provide free and appropriate public education continues, so does the commitment to continue to report on its performance in all areas of educational and service provision. Such reporting has occurred over eleven consecutive quarters. This report covers the fourth quarter of fiscal year 2005, and includes the most recent data available regarding the services to youth with special needs in Hawaii.

Continued System Commitments

The State of Hawaii, Departments of Health and Education continue in its agreements to conduct a unique joint integrated monitoring system. It provides a means for systematic review of data and issues impacting system performance. The unique features of the Hawaii integrated monitoring system are its statewide scope, its interagency commitments, and its model that spans from the child level to the system level.

Continual examination of performance will occur in the following areas that are drawn directly from commitments developed over the past decade of system transformation. Maintenance of a sustainable system of education for children with special needs includes the following four components:

1. The system will continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently.
2. The system will continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.
3. The system will monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management

must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance.

4. The system will ensure teachers, therapists, and other support staff continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.

System monitoring and improvements are driven by decisions made as the result of outcome driven quality assurance practices. Previous and current performance data is available through Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

Integrated Monitoring: A Successful Vehicle for Assuring Ongoing System Performance

Over the past decade of system transformation in Hawaii, performance monitoring has produced information that has greatly influenced improvements to services. The Departments have worked together to implement continuous quality improvement efforts through local- level internal reviews, statewide quality assurance practices, and integrated performance standards. A key shift has been the move away from compliance-based monitoring to measuring best practice. A welcome by-product of integrated monitoring has been an expression of common values and common interests in serving the needs of youth with special needs. Interagency monitoring has been key in setting the standards of practice, and has created the relationships necessary for problem-solving across departments. Barriers have been easier to address.

Continued interagency monitoring is likely to prevent any tendency to acquiesce to older practices within the Departments, and will promote accountability to the community. It will ensure that training and mentoring continues at the local level, which is designed to impact clinical and educational practice and assure a strengths-based approach to working with students and families. Because monitoring approaches are largely participatory in nature, it allows for diverse role groups to look at practices and service delivery system, and has great potential for influencing changes in practice in other child-serving agencies. The focus is on partnership with stakeholders, and increased self-monitoring and improvement initiatives. A primary gain has been the systematic use of data to inform needed improvements.

Summary of Overall Performance

This report provides in-depth information regarding current performance and trends relative to the many performance indicators developed and tracked by the Departments. Collectively, these indicators describe a well-developed system of care providing quality mental health and educational services to students in need of such services to achieve in school and in their communities.

In July, a retreat of the Statewide Quality Assurance Committee was held to review the initiatives conducted over the past year, make refinements to current QA practices, discuss a formal Memorandum of Agreement for quality assurance between the Departments of Health and Education, and to set goals going forward. A significant accomplishment is the inclusion of other child-serving agencies, which had been a goal set in last year's retreat. In attendance, in addition to CAMHD and DOE representatives, were participants from Child Welfare (Department of Human Services), Developmental Disabilities Division and Early Intervention Section (Department of Health), and Hawaii Families as Allies. An orientation for these new members, as well as for potential new members from the Alcohol and Drug Abuse Division (Department of Health) and the Office of Youth Services (Department of Human Services) has been scheduled for early August. In addition, another full day will be devoted to prioritizing the goals selected for the year.

Report Format

Following this brief introductory overview, the report format is as follows. The second section reports on the results of Integrated Monitoring conducted by the DOE and DOH during the quarter. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth and fifth sections contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.